

CalWORKS - REDUCED INCOME SUPPLEMENTAL PAYMENT REQUEST

YOU MAY GET EXTRA MONEY IF THE COUNTY IS COUNTING INCOME AGAINST YOUR CASH AID AND THAT INCOME HAS DROPPED OR STOPPED.

- You must use this form to ask for the extra money.
- You can only get extra money if your income, other than cash aid, dropped or stopped. You cannot use this form to get extra money for other reasons such as birth of a child, clothing needs for children returning to school, or if you need to move.
- You must apply in the month that you need the extra money, not before or after.
- You must complete and return a separate form during each month that the county is counting income that has dropped or stopped.

The county must determine your eligibility for extra money within 7 working days after the date this completed form is received. If you don't need the form this month, keep it for later.

Questions? Ask your worker.

Worker Name: _____

Phone: () _____

1. Complete the following:

CASE NAME	YOUR SOCIAL SECURITY NUMBER
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2. Explain about the income that dropped or stopped. Complete below:

What Income Changed?	When?	Why Did It Change?

3. Attach proof of the change in income (Job Termination Notice, Social Security Notices, Disability/Unemployment Insurance Notices, Statements, etc.). If you have no proof, list the employer or agency that can be contacted:

EMPLOYER/AGENCY	PHONE () _____
ADDRESS	

4. List money you expect to get this month of _____ (CURRENT MONTH). (Do not list your grant amount.)

INCOME	SOURCE OF INCOME
Gross Earnings \$	
Other Income \$	

CERTIFICATION

- I understand that the statements I have made on this form are subject to investigation and verification including contacting the above named person, employer or agency.
- I further declare under penalty of perjury under the laws of the United States of America and the State of California that the statements I have given on this form are true and correct to the best of my knowledge.
- I authorize the county to obtain any verification of income and circumstances necessary to process this request. This authorization is valid for 30 days from the date signed.

SIGNATURE	DATE SIGNED
SIGNATURE OF SPOUSE OR OTHER ADULT RECIPIENT	DATE SIGNED
PHONE () _____	MESSAGE PHONE () _____

On this form, disclosure of your Social Security Number (SSN) is voluntary. The SSN will be used to identify you and your records. If we cannot identify you, you may not get any extra money.

COUNTY USE ONLY

DATE POSTMARKED	SUPPLEMENTAL MONTH
CASE NUMBER	WORKER NAME/NUMBER
A. ACTUAL GRANT AMOUNT (RISP Month) \$	
B. RISP MONTH ESTIMATED NET INCOME	
1. Total Disability-Based Unearned Income (Income of AU and Non-AU Members)	\$ _____
2. \$225 Disregard	- _____
3. Subtotal Nonexempt Disability Based Income (B1 minus B2) (Enter positive amounts in B9) (Enter negative amounts in B5)	= _____
4. Gross Earned Income (AU and Non-AU)	\$ _____
5. Remainder of \$225 Income Disregard (Enter amount from line B3 if negative)	- _____
6. Subtotal Earned Income (B4 minus B5)	= _____
7. 50% Earned Income Disregard (B6 divided by 2)	- _____
8. Subtotal (B6 minus B7) (Net Nonexempt Earned Income)	= _____
9. Nonexempt Unearned Disability Based Income (Enter amount from line B3 if positive)	+ _____
10. Other Countable Income of Family	_____ + _____
11. Net Nonexempt Income of Family (Sum total of B8, B9 and B10)	\$ _____
C. RISP MONTH AVAILABLE INCOME	
1. Actual Grant Amount (Enter from A)	\$ _____
2. O/P adjustment (if used in actual grant computation)	+ _____
3. Special Need (if used in actual grant computation)	- _____
4. Child/Spousal Support Disregard	+ _____
5. Net Nonexempt Income (Enter from B11)	+ _____
6. Penalties (Such as 25% Non-Co-op, school attendance, and immunization)	_____ + _____
7. Total Available Income	\$ _____
D. RISP PAYMENT	
1. 80% of AU MAP	\$ _____
2. Total Available Income (Enter from C7)	- _____
3. RISP Payment	\$ _____
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	
WORKER SIGNATURE	DATE